

FISCAL NOTE

PUBLIC COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-10.030 Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services Division of Medical Services	Annual estimated cost: SFY 2008 = \$119,094

III. WORKSHEET

SFY 2008:

Estimated Paid Days: SFY 2008	31,308
x Average Rate Increase	\$ 3.80*
Total Estimated Impact: SFY 2008	<u>\$119,094</u>

IV. ASSUMPTIONS

Effective for dates of service billed for state fiscal year 2008, ICF/MR facilities Medicaid per-diem rates will be increased by two percent (2%). The adjustment for each facility is calculated by multiplying two percent (2%) by the per diem rate paid on June 30, 2007.

- * The average rate increase was computed. The estimated impact was determined by adding the impact for each facility which was determined by multiplying the estimated days for each facility by each facility's specific rate increase that reflected a two percent (2%) increase.